

# State Plan on Aging

## Community Living Section

*Wyoming Department of Health  
Aging Division*

*For October 1, 2013 through September 30, 2017*

Governor Matthew H. Mead

Thomas O. Forslund, Director



Wyoming  
Department  
of Health

Commit to your health.

## ACKNOWLEDGEMENTS – THANKS, TOO, TO OUR CLIENTS AND PROVIDERS WHO PARTICIPATED!

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## *Our Mission*

*The mission of the Community Living Section is to increase the self-sufficiency, safety, health and wellness of Wyoming's older adults and people with disabilities in the least restrictive environment while supporting their caregivers.*

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## SECTION A. SIGNED VERIFICATION OF INTENT

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The State Plan on Aging is hereby developed and submitted for the State of Wyoming for the Federal Fiscal Years 2014-2017. It includes all assurances and will be conducted by the Wyoming Aging Division under provisions of the Older Americans Act, as Amended, during the period identified. The Wyoming Aging Division has been granted the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of State activities related to the purposes of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly of Wyoming.

The plan is hereby approved by the Governor and constitutes as authorization to proceed with the activities under the plan upon approval by the Assistant Secretary for Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

\_\_\_\_\_  
Date (Signed) April D. Getchius  
Senior Administrator  
Aging Division

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

\_\_\_\_\_  
Date (Signed) Thomas O. Forslund  
Director  
Wyoming Department of Health  
(As authorized designee for the Honorable  
Governor Matthew H. Mead)

## SECTION B: NARRATIVE

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### EXECUTIVE SUMMARY



Hello. Let us introduce ourselves. We ARE Wyoming. We are over 60 years of age, some younger with disabilities, but we are vibrant and have much to contribute. We do not like to be called “senior citizens” and we are not “special”. We are eager to contribute to our communities, although some of us might be more fragile and need a little help from time to time.

In 2010, the number of people over 60 in Wyoming increased by 32.7% from the 2000 Census. By 2030, we will comprise 32.2% of the total population making Wyoming the fourth oldest state in the nation. We are a force to be reckoned with!

And...of those of us responding to the Aging Division (the Division) survey, over 73% plan to stay in our homes throughout retirement. As we age, however, we need more help. It is estimated that in 2020 there will be 13,000 people in Wyoming suffering from Alzheimer's. Alzheimer's unpaid care was estimated to be valued at over \$30 million in 2011. Add the increased number of caregivers for all conditions, the increase in home delivered meals and the overall aging of the population – one can see how important meals, in-home assistance and other programs are to us.

The purpose of the Wyoming State Plan on Aging is to identify these and other needs within the scope of the Older Americans Act (OAA) core programs and other focus areas. In addition, our plan will include initiatives that are important to us in Wyoming.

Wyoming is a single state planning unit. The State does not operate with Area Agencies on Aging (AAAs) but contracts directly with senior centers, not-for-profits and other entities to provide services.

The Aging Division's goals are ambitious in the midst of reduced funding from local, state and federal sources. We believe that by partnering with other agencies the Aging Division can leverage services to best meet our needs. Some of the highlights follow. This does not represent all the issues the State of Wyoming intends to tackle, but certainly gives the reader a sense of some of our targets.

**AoA Programs:** The Division is using evidenced based practices and specific outcome measures to increase meals served both at senior centers and delivered to homes.

**Community Based In-Home Services (CBIHS):** This program is not to be confused with the Medicaid's Home and Community Based Service Waiver. Rather, CBIHS is operated completely on State general funds with a biennium budget of approximately \$6,300,000 and requires a 5% local match. The services that are provided are not medically related, but rather help with housekeeping, errands and daily care to enable individuals to stay their homes and communities. Clients on the program contribute to the costs as best they can and the average cost of service per client per year is approximately \$1,200. The Plan will examine ways to build on this program.

**Elder Abuse Prevention:** The Aging Division will actively partner with the Department of Family Services (DFS) on elder abuse prevention outreach to include training of community gatekeepers and building resources in the faith-based community and elsewhere to identify and prevent elder abuse and neglect. DFS will be establishing financial abuse teams in the State to prevent and intervene in cases of elder financial abuse and exploitation.

**Advisory Council on Aging:** Throughout the Aging Plan, you will see that the Advisory Council will be called upon to employ its mission of advocacy and issue identification. The Advisory Council will be more active in elder issues by attending Adult Protective Services Team meetings on a periodic basis while also reaching out to the nursing homes and other long-term care providers. The Division will provide training from DFS, the Ombudsman and others to provide the Council with the information they need.

**Caregiver Support:** Caregiver support will continue to be an important system for elders and their families. According to the AARP, 4,573 grandparents have responsibility for grandchildren in their homes. As the State ages, more individuals will also be taking care of elder partners and spouses. The Division will work with Wyoming communities to determine where, despite limited resources, they can build capacity for caregiver respite and advice.

#### Wyoming Grandparents

- 4,573 grandparents are the householders and are responsible for their grandchildren living with them. Of these:
  - 82% of the grandparents are White and not Hispanic, 7% are American Indian and Alaska Native, and 7% are Hispanic/Latino, and may be of any race.
  - 53% have no parents of the children present in the home.
  - 77% are under age 60.
  - 8% live in poverty.

Source: AARP, *Grandfacts* for Wyoming.

**Transportation:** The Division will also continue its partnership with the Wyoming Department of Transportation. Working with small transit agencies and dial-a-ride services, the Division will look at creative ways to expand transportation services to seniors through our faith-based communities or other volunteer avenues.

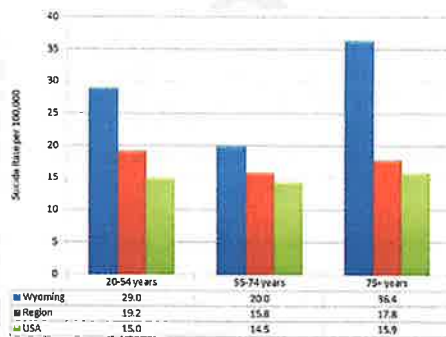
**Senior Centers:** We are a demanding group. Not everyone will want to eat at congregate settings that seem institutional. We want to be able to socialize and integrate



with a variety of ages and people. Senior centers will need to embrace a new way of doing business and the plan includes strategies to help them do so.

**“The Conversation”:** Sometimes seniors and our families are reluctant to talk about preferences if and when seniors need assistance or can no longer care for themselves. The plan includes strategies to educate seniors, their families and caregivers to more comfortably discuss what the future may hold under a variety of circumstances.

**Behavioral Health:** Although the responses to the survey indicate Wyoming seniors feel pretty comfortable about their mental and behavioral health, statistics prove otherwise. Wyoming has a higher suicide rate than the region or the United States for people age 55 and over. The Aging Division is partnering with the Behavioral Health Division as they work to develop behavioral health homes for our citizens.



Source: Centers for Disease Control, Vital Statistics, 2008

This document establishes our goals, objectives and metrics for addressing the issues of Wyoming. The first set of goals is unique to Wyoming, describes the Aging Division’s partnerships with other entities and sets the course for the future. The second set of goals responds directly to AoA’s requirements and programs.

Wish us luck! We have lots to do.



## CONTEXT

### GENERAL

Wyoming is a frontier state and although one of the largest states geographically, the total 2010 population for the State was only approximately 565,000. Although the natural beauty is one of Wyoming's greatest assets (home to two national parks, national forests, and grasslands), the frontier nature poses challenges to access AoA programs, health care and other services.



Wyoming is a single state planning unit. The Division does not operate with Area Agencies on Aging (AAAs) but contract directly with senior centers, not-for-profits and other entities to provide services.

On November 1, 2012, the agency that provides the AoA services was renamed from "Senior Services Section" to the "Community Living Section" or "CLS". CLS resides within the Aging Division, one of five divisions within the Wyoming Department of Health (an organizational chart is included as Attachment A). As a result of the inauguration of a new Governor, Matthew H. Mead, in January 2011 and a departmental reorganization in April 2011, it seemed prudent to re-assess the direction of the State Plan on Aging. The Aging Division requested, and was granted, an amendment to the plan that shortened it by one year so that it terminates October 1, 2013. This plan is intended to replace it.

In order to assess our needs, challenges and opportunities the Division sought out a variety of people. The Aging Division is grateful for their participation and insight. Wyoming's Aging Advisory Council participated but there was also a stakeholder committee. The membership of the stakeholder committee is listed in "Acknowledgements." It was comprised of a wide range of representatives ranging from AARP to HUD to senior center representatives. The disability community was also included in the stakeholder group. In addition, a staff working group included the same kind of broad representation. The working group included staff from DFS - Adult Protective Services, the Behavioral Health Division, Wyoming Department of Transportation, Healthcare Financing (Medicaid) and Community Living Section staff. A listing of all these participants can also be seen on the acknowledgement page.

In addition to the stakeholders and committees, both paper surveys and Survey Monkey were used to gather input from our clients and providers. We received a total of 245 client responses and 51 provider responses. As part of that effort, AARP used their email list to distribute the survey link to their membership as well! Copies of the assessment tools are included as [Attachments B and C](#). An excel sheet ([Attachment D](#)) summarizes

the client responses to key, but not all questions. Attachment E summarizes key provider responses. The Plan was published and public input sought for opportunity for X days. Attachment F is a summary of the comments received.

#### TRENDS

Like all states, Wyoming is aging. By 2030 Wyoming will be the fourth oldest state in the nation. As stated above, it is a frontier state with a large geography and a small population – that makes service access, socialization and provider availability a challenge.

**TRADITIONAL AOA SERVICES:** As with all states, funding is being reduced. Pressures at the Federal and State levels as well as with local government are reducing funding availability. Given that, however, home delivered meals are increasing from just over 400,000 in 2010 to 500,000 in 2012. The congregate meals have also begun to climb again but with the upcoming baby boomer generation, traditional programs may not be enough to attract them and assure their needs are met. To address this, centers are doing things like changing their names to appear to be more community centers so they don't have the stigma of "being where the old people go."

Caregiver programs continue to be in demand as more elders are taking care of their spouses or grandchildren. This is particularly true of baby boomers who may care for parents and grandchildren. In State Fiscal Year 2012, the caregiver program serviced 729 clients. Federal restrictions on expenditures for this program will force the Division to think creatively about services. The Division has also seen an increase in the number of people served in the Title III-D (Disease Prevention and Health Promotion Services) program while our cost per person has declined.

#### FINDINGS OF ASSESSMENTS

As noted, the Division conducted a survey and received 245 responses from clients, seniors with 52 responses from providers. It is interesting to note that some responses may contradict others. Overall, we identified some key areas to focus on for goals and objectives.

- **WHO ARE WE?** Those responding to the Aging Division survey range in age from 27 to 101 years old. They are predominantly White with an average age of 69 years old.
- **FOOD SECURITY:** Of the responses, 15.9% report that having enough food is a minor, moderate or major problem. The fact that it is a problem at all needs to be addressed in our goals and objectives.

- **PLANS TO STAY PUT:** An overwhelming majority of the respondents plan to stay in their communities (84.4%) or in their homes (78.2%). But... over 40.9% of them say that doing heavy housework is a problem. While wanting to stay in their homes is wonderful, they will need help to do so. This will put pressure on programs such as C-2 Home Delivered Meals and Community Based in Home Services.
- **ACCESS TO HEALTHCARE:** Our respondents reported that they are having issues finding affordable health insurance. Overall 31.3% report that finding affordable health insurance is a moderate to major problem while 19.5% stated that getting healthcare they need is also a problem. In addition, 19.4% say that affording medication is a problem at some level. The Division believes this will take some additional study and perhaps some of individuals aren't aware of existing programs. As of this writing, Wyoming will become part of the Federal health insurance exchange, and that may result in better insurance access.
- **TRANSPORTATION:** Given the rural and frontier nature of Wyoming, transportation is an ongoing issue. While most respondents think their local bus systems are good (35.2%), 25.9% say the dial-a-ride service is poor. There are only four public transit systems in the state and as seniors get to a point they can no longer drive, they will need assistance. The goals and objectives of this plan will speak to expanding transportation opportunities in a restricted funding environment. Improved transportation services will help improve access to healthcare as well.
- **OUR COMMUNITIES:** Wyoming seniors plan to stay in their communities, in part because 61.7% responded that their communities value older residents. Those with disabilities aren't as well appreciated with 48.9% responding that communities value their disabled residents. Blending populations and providing opportunities for a wide range of individuals will be the charge of the State and our communities. Increased accessibility will be needed if folks are going to stay home since only 30.3% categorized their communities' handicapped accessibility as "fair." Features that make communities walkable and livable for all generations are ranked low. Over 50% of respondents say that sidewalk maintenance is "fair" or "poor" in their communities.
- **OUR HEALTH:** Respondents consider themselves healthy (69.1 % responded "excellent" or "good") and in good mental state (83.9% responding "excellent" or "good"). While it is wonderful that they are happy with their health and mental wellbeing, the national trends related to suicide in seniors don't bear that out for Wyoming. As we age, our health naturally declines. If we are lonely (over 13% of respondents report isolation and loneliness as a problem), our physical and mental health is threatened. The Aging Division, in partnership with the Mental Health and Medicaid Divisions of the Department of Health will be working to

address mental health service opportunities across the State, including our elder population.

- **ELDER ABUSE AND EXPLOITATION:** Although most of respondents stated they feel safe and have not been victims of crime or abuse, it also known these are underreported events nationally. In addition, recent studies indicate that as we age our “bad guy” radar become less sensitive. As we age, we tend to be more trusting and therefore more vulnerable to exploitation.
- **TECH SAVVY:** Respondents stated that 56.4% of them use the Internet daily. They use it primarily for email, but also for some banking and social media. This presents a wonderful opportunity for the Aging Division and other agencies to reach out and inform.
- **HOUSING:** Even though most people said they intend to stay in their homes, they did indicate a concern with housing availability. The Aging Division will partner with the Federal Department of Housing and Urban Development to assess this need further.
- **WHAT KEEPS SENIORS FROM USING SERVICES?** Of the respondents, 44% don’t access services because of cost, yet many of the programs and services are low or no cost. In addition, 32% reported they don’t use the services because they are reluctant to ask for help. Pride and independence may be keeping them from getting the assistance they need.

This plan will try to address needs and provide new opportunities for collaboration and services.

## GOALS, OBJECTIVES AND STRATEGIES

The following goals and objectives are presented according to topical areas both as required by AoA and as defined by our assessments. Some of the goals are modest because of either reduced or static funding. In other cases, goals were tailored to identified needs in Wyoming. By leveraging resources with other agencies or by acting as leaders in the policy arena we can influence change. In addition, some of the unique goals overlap with AoA core programs, and if so it is noted. Lastly, strategies are imbedded into the goals along with specific measurements for success.

### OUR UNIQUE GOALS

CAREGIVING: Caregiving support will continue to be an important need. Since so many of seniors plan to stay in their homes, they'll need some help. In addition, 9.4% are taking care of someone under the age of 18 and 22.4% of are caring for an older adult.

GOAL 1: TO DEVELOP ALTERNATIVE CAREGIVING PROGRAMS AND BUILD THE CAREGIVER SUPPORT GROUP NETWORK.

*Objective 1.1: Reach out to at least four faith-based organizations during the term of this plan to provide them the tools to establish caregiver support groups.*

*Objective 1.2: By January 1, 2015 and in partnership with the University of Wyoming's Geriatric Education Center (WyGEC) ensure that WyGEC's new website, "Wyoming Center on Aging," has information and links regarding caregiving, especially for grandparents raising grandchildren.*



*Objective 1.3: By January 1, 2014 ensure that the Aging and Disability Resource Center (ADRC) has the informational tools it needs to assist callers with caregiving information, especially for grandparents raising grandchildren.*

*Objective 1.4: By October 1, 2015 explore options for expanding respite care for longer terms such as overnight or weekends. Establish a pilot project for respite care.*

*Objective 1.5: By October 1, 2015 strengthen the relationship between the Aging Division and the Great Plains Chapter of the Alzheimer's Association by linking our websites, participating on joint taskforces or other opportunities to collaborate.*

*Objective 1.6: By October 1, 2015 work with the Great Plains Chapter to strengthen increase the number of Alzheimer's support groups in Wyoming from 9 to 12.*

TRANSPORTATION: Access to transportation alternatives is always raised as an issue, especially for a rural state. Because of limited federal, state and local funding, the Division needs to build capacity in this area.

GOAL 2: TO INCREASE ACCESS TO TRANSPORTATION OPTIONS FOR ELDERS AND THE DISABLED.

*Objective 2.1: To have at least four transportation programs established for evening services with faith-based locations by 2017.*

*Objective 2.2: In partnership with the Wyoming Department of Transportation (WYDOT) promote the availability of Check program vouchers (available to disabled consumers who have identifiable barriers to transportation) by distributing information to our providers and clients on a semi-annual basis.*

COMMUNITY BASED IN HOME SERVICES (CBIHS): As stated earlier, this popular and needed program will see more demand as citizens age and wish to stay in their homes.

GOAL 3: TO ASSIST INDIVIDUALS WITH NEEDS AT HOME ALLOWING THEM TO REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE WHILE GIVING THEM THE CHOICES TO DIRECT THEIR OWN CARE.

*Objective 3.1: By January 1, 2014, evaluate and recommend changes to program rules for the general fund CBIHS program to include clear program admission and discharge criteria.*



*Objective 3.2: By June 1, 2015, provide review eligible services for the CBIHS program and determine if they need to be adjusted or expanded to meet the ongoing needs of clients, for example, medicine delivery to client homes where pharmacies may not provide this service.*

*Objective 3.3: By June 1, 2015 amend the evaluation tools to target clients that are at the greatest risk of pre-mature nursing home admission and enroll them for services.*

*Objective 3.4: By June 1, 2015 engage the Wyoming Regional Medical Center's PACE program in discussions regarding client needs and services.*



SENIOR CENTER BUSINESS MODELS: Wyoming's senior centers will be challenged to attract clients and to sustain their programs. However, 21.2% of the providers responded that they don't market their programs at all. Of the respondents, 76.9% rely on word of mouth to spread the word about their programs. In addition, only 23.1% of the providers use email to market when 56.4% of clients and seniors use the Internet on daily basis. Lastly, 78.8% of the providers responded that they are not considering using a non-traditional service model. That response can be interpreted to mean "business as usual."

**GOAL 4:** TO ENABLE TRADITIONAL SENIOR CENTERS TO RE-INVENT THEMSELVES TO ATTRACT A NEW GENERATION OF SENIORS.

*Objective 4.1: Provide at least one training per year on innovative senior center business models to our providers. Innovative programs include café style dining (as the Sheridan Senior Center is doing), expanded or alternate business hours, innovative programming including creating "virtual senior centers" for homebound clients.*

*Objective 4.2: By October 1, 2014 develop a list of changes that senior centers can make to shift to a new business model.*



*Objective 4.3: By January 1, 2015 develop training for senior centers on integrating a variety of people into their programs and facilities. As the disabled population ages, they will seek senior center services.*

*Objective 4.4: By January 1, 2014 establish an awards program for senior centers that recognizes and promotes best practices within centers in Wyoming.*

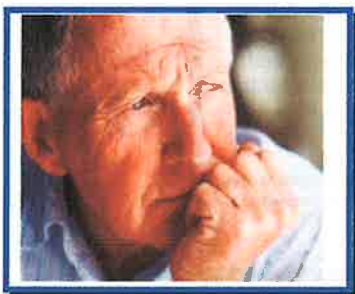
Another barrier discovered by the survey, is the perception that the center is for "elderly or old people." Nationwide it is known that 50 – 70 year olds are still active, and they do not see themselves as a "senior." Some people responded that "the center was for their parents – in their 80's and 90's."

Source: Minutemannewscenter.com  
re: survey for Fairfield, Connecticut Senior Center



BEHAVIORAL HEALTH: Although respondents report that they feel pretty good about themselves and their mental health, statistics prove otherwise. Seniors need access to behavioral health services and professionals

GOAL 5: TO INCREASE ACCESS FOR ELDERS TO BEHAVIORAL HEALTH RESOURCES AND REDUCE SUICIDE RATES IN OLDER CITIZENS BY 10% BY SEPTEMBER 30, 2017.



*Objective 5.1: By January 1, 2015 and in cooperation with the University of Wyoming's Center on Aging and the Aging and Disability Resource Center, train at least two groups of clergy and faith-based personnel on behavioral issues of elders including depression, abuse, substance abuse and more.*

*Objective 5.2: By January 1, 2015 and in cooperation with the Department of Health's Behavioral Health Division establish behavioral health homes in concert with primary care providers in our community.*

*Objective 5.3: By January 1, 2015 and in cooperation with the Behavioral Health Division, provide at least annual training to senior centers and other providers on the community mental health center system, processes and access for elders.*

*Objective 5.4: By January 1, 2015 provide at least annual training to gatekeepers and others on "Mental Health First Aid" to give them the tools to intervene early on mental health behaviors and problems.*

LONG-TERM CARE OPTIONS – "THE CONVERSATION": Whether it be the ADRC or senior center providers, they've all gotten the call from individuals or families desperately asking for help. Too many wait to have the conversation about their wishes and need for help until there is a crisis. The purpose of this goal is to foster that conversation with family and friends.

GOAL 6: TO ENCOURAGE AND FACILITATE FAMILIES AND ELDERS TO HAVE A CONVERSATION ABOUT LONG-TERM CARE CHOICES AND SOLUTIONS BEFORE IT BECOMES A CRISIS.

*Objective 6.1: By January 1, 2015 develop a library of information on discussing long-term care issues with family and friends.*

*Objective 6.2: By January 1, 2015 develop a training to be offered at senior centers and other venues about "having the conversation," including discussing living wills and powers of attorney.*



*Objective 6.3: By January 1, 2014 establish a link on the Division's website to The Conversation Project at [theconversationproject.org](http://theconversationproject.org).*

**HOUSING:** Although the majority of respondents say there are affordable apartments and homes available in our communities, anecdotally lower income senior housing rapidly fills and often times maintains waiting lists. The Division need to better understand Wyoming's housing availability especially options open to older citizens.

**GOAL 7:** TO DETERMINE THE AVAILABILITY AND NEED OF HOUSING FOR ELDERS IN THE STATE.

*Objective 7.1: By October 1, 2016 work with the regional office of the U.S. Department of Housing and Urban Development to assess available affordable housing for seniors, its locations and gaps in markets.*

**VETERANS:** Wyoming veterans are our heroes. The Division needs to partner with veteran organizations to assure that veterans have access to all services available to them. It is important that the Aging and Disabilities Resource Center (ADRC), CBIHS or other services emphasize veteran directed care so veterans have a choice in their services.

In addition, the Wyoming Department of Health Behavioral Health Division's (BHD) Veteran Outreach & Advocacy Program assists veterans and their families in accessing mental health and substance abuse services. In 2012 the budget was \$813,000 and included Quality of Life services to veterans. Three BHD veterans' advocates provide case management services to the veteran and their family by meeting with them wherever they may live in the state. The advocates provide linkage to services that are available within their home communities, within the state, and at times out of state. All services provided are confidential. From July 1, 2011 to June 30, 2012 the veteran's advocates provided services to 192 veterans. Out of the 192 veterans served, 122 were referred to mental health and substance abuse service providers.

**GOAL 8:** TO EXPAND THE OPPORTUNITIES FOR VETERANS TO ACCESS SERVICES.

*Objective 8.1: By October 1, 2014 reach out to the Veterans' Administration to see where we can help bridge service or information gaps.*



**Wyoming Veterans**

Total: 56,434  
Wartime Veterans: 43,711  
Gulf War: 26,513  
Vietnam Era: 17,530  
Korean Conflict: 4,497  
Peacetime: 12,723  
Female: 5,612  
Male: 50,822

As of 9/30/12  
Source: U.S. Department of Veterans' Affairs

*Objective 8.2: By October 1, 2014 work with the ADRC to establish a navigator position to assist veterans with paperwork and provide advocacy within the healthcare system.*

*Objective 8.3: By October 1, 2015 reach out to the American Legion, the Veterans' Commission*

and other veteran groups to assess where we can help and educate them on services available.

**ELDER ABUSE:** According to the National Center on Elder Abuse, approximately 2.1 million elders are victims of abuse in one form or another. Because so many abusers are family members, caregivers or people that the elder trusts, it is also estimated that as many as ten times that amount of incidents go unreported.

**GOAL 9:** *TO INCREASE ELDER ABUSE AWARENESS, DETECTION AND REPORTING.*

*Objective 9.1: Provide biannual education for the members of the Aging Advisory Council on elder abuse, Adult Protection Services (APS) teams and use the Advisory Council as a resource for senior centers and nursing homes.*

*Objective 9.2: Each of the Aging Advisory Council members will visit at least two APS team meetings per year.*

*Objective 9.3: With the Department of Family Services (DFS) taking the lead, assist them in establishing two financial abuse specialist teams per year throughout the State.*

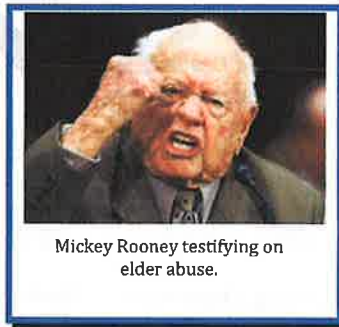
*Objective 9.4: Develop and implement a mechanism to educate the nursing home facilities on the Aging Advisory Council, its role and mission by June 1, 2014.*

*Objective 9.5: Resurrect the "gatekeeper" program and, in partnership with DFS, train gatekeepers in at least one community per quarter. Gatekeepers are identified as those individuals who have direct contact with elders and can help identify abuse, self-neglect or financial exploitation. Gatekeepers can include, but are not limited to Meals on Wheels (home delivered meals) drivers, postal workers, bus drivers or local law enforcement.*

*Objective 9.6: The Aging Division and DFS will jointly reach out to the faith-based community by contacting the ministerial alliances in at least two communities to develop a plan for educating clergy and church members on elder abuse issues.*

*Objective 9.7: The Aging Division and DFS will contact Wyoming PBS to air two programs per year on elder abuse issues.*

*Objective 9.8: By June 1, 2014 increase the requirement for background checks for direct care providers in the CBIHS program.*



Mickey Rooney testifying on elder abuse.

GENERAL GOALS: Several of our goals don't necessarily fit into the issue categories above so we've created a general goals section. This will help us focus on some areas that also need attention.

GOAL 10: TO ESTABLISH A PLAN FOR ADRC SUSTAINABILITY.

*Objective 10.1: By January 1, 2014 establish a written strategy for the sustainability of the ADRC to ensure its future service.*

GOAL 11: TO IMPROVE HEALTHCARE AND SERVICE ACCESS FOR ELDERS.



*Objective 11.1: An ongoing project to work with other Health Department Divisions through the implementation of telehealth or other services to expand healthcare options.*

*Objective 11.2: To work with senior centers and faith-based communities to expand or alter transportation services to provide rides to medical appointments (e.g. Buffalo Senior Center offers scheduled trips to urban centers for medical appointments).*

GOAL 12: TO CREATE LIFELONG COMMUNITIES IN OUR STATE.

*Objective 12.1: By January 1, 2014 create an educational program in concert with the American Planning Association and AARP on creating livable, walkable communities that are targeted to older citizens and rural or frontier communities.*

AOA CORE PROGRAM GOALS

OLDER AMERICANS ACT CORE PROGRAMS:

WYOMING SENIOR SERVICES BOARD.

Demonstrating its commitment to Wyoming's seniors, the Wyoming State Legislature has budgeted approximately \$11.6 million per biennium of general fund monies for the support of Wyoming senior programs. In order to be eligible for grants for operations, wage supplements and emergencies, the senior center must be a recipient of AoA Title III B or C programs. The Wyoming Senior Services Board (WSSB) is a volunteer board appointed by the Governor that oversees the distribution of these funds and monitors the WSSB grant programs. The WSSB money directly links to AoA funding and supports senior center operations where federal funding, local funding or program income may be insufficient to effectively maintain services.

### TITLE III-B. SUPPORTIVE SERVICES.

Currently, the III-B programs are intended to provide opportunities for transportation, general assistance, education and physical activity. The overarching goal is to serve as many unduplicated individuals as possible. Specific goals are:

GOAL 13: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED BY TITLE III-B SERVICE PROVIDERS.

*Objective 13.1: Increase the total number of unduplicated clients served by 1% per year.*

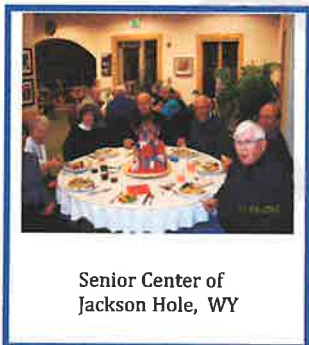
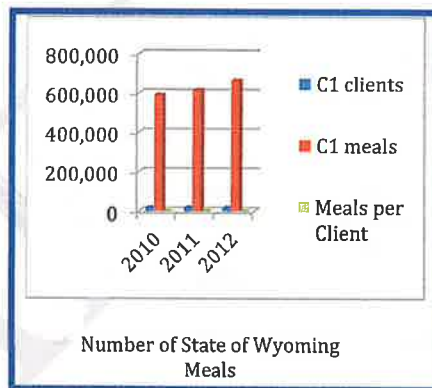
### TITLE III- C1. CONGREGATE MEALS.

The core mission of the Tittle III – C1 program is to provide nutritious meals and nutrition services to eligible clients aged 60 years of age and older in order to alleviate hunger and food insecurity. After a steep decline in 2009, both congregate and home delivered meals are on the rise.

GOAL 14: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED BY THIS PROGRAM.

*Objective 14.1: Increase the number of unduplicated clients served by 1%.*

GOAL 15: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS WHO ARE SELF-DECLARED TO BE AT OR BELOW THE FEDERAL POVERTY LEVEL.



Senior Center of  
Jackson Hole, WY

*Objective 15.1: Increase by 1% the number of unduplicated clients served who live at or below poverty.*

GOAL 16: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED WHO LIVE ALONE.

*Objective 16.1: Increase by 1% the number of unduplicated clients served who lives alone.*

### TITLE III- C2. HOME-DELIVERED MEALS.

The core mission of this program is to provide nutritious meals and nutrition services to homebound eligible clients aged 60 years of age and older in order to alleviate hunger and food insecurity.



GOAL 17: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED BY THIS PROGRAM.

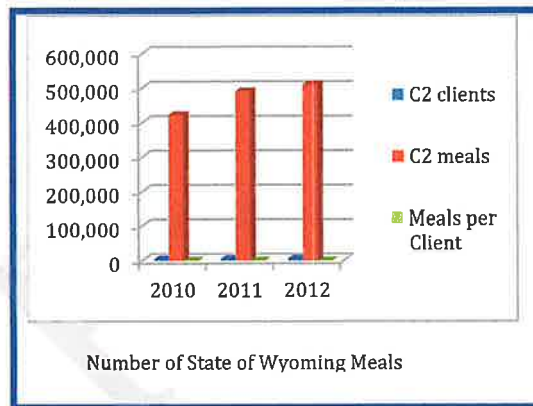
*Objective 17.1: Increase the number of unduplicated clients served by 1%.*

GOAL 18: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS WHO ARE SELF-DECLARED TO BE AT OR BELOW THE FEDERAL POVERTY LEVEL.

*Objective 18.1: Increase by 1% the number of unduplicated clients served who lives at or below the poverty level.*

GOAL 19: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED WHO LIVE ALONE.

*Objective 19.1: Increase by 1% the number of unduplicated clients served who live alone.*



TITLE III-D. DISEASE PREVENTION AND HEALTH PROMOTION SERVICES.

Currently, the Title III-B programs are intended to provide opportunities and services to enable older Wyoming adults to access services so they remain living independently and continue to be active members in their communities; provide health education and information to increase the quality of life of older Americans, especially for those who have the greatest economic needs and those with limited English proficiency; and promote physical activities and healthy life styles to prevent pre-mature institutionalization. The overarching goal is to serve as many unduplicated individuals as possible.



Lastly, there are limited corporations and research facilities in Wyoming that offer resources to support advanced level of evidence-based practices. Due to limited resource, Wyoming is unable to raise our evidence-based practice to levels two or three, that would require extensive time and immense resources to complete.

GOAL 20: INCREASE THE TOTAL NUMBER OF UNDUPLICATED CLIENTS SERVED BY THE TITLE III-D SERVICE PROVIDERS.

*Objective 20.1: Increase the total number of unduplicated clients served by 1% per year.*

*Objective 20.2: Increase by 1% the number of unduplicated clients served who live at or below the poverty level.*

*Objective 20.3: Increase the number of unduplicated clients served who live alone by 1% per year.*

TITLE III-E. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM.

This program supports caregivers and helps relieve the daily stresses of caregiving and encourages natural supports instead of paid services.

GOAL 21: MAINTAIN OR INCREASE UP TO 1% THE NUMBER OF QUALIFIED CAREGIVERS IN THE STATE PROVIDING NATURAL SUPPORTS IN THE STATE WITH FOCUS ON THE VULNERABLE POPULATION.

*Objective 21.1: Inform potential caregivers about the program and let them know it is okay to take a break from the daily stresses of caregiving.*

GOAL 22: REDUCE THE DAILY STRESS ON THE TITLE III-E CAREGIVER'S EVALUATION SCORE BY 5%.

*Objective 22.1: Utilize the Caregiver Evaluation form to monitor if the services being provided to the caregiver are reducing stress. Average scores should be less than 20.*

TITLE VII – LONG TERM CARE OMBUDSMAN AND ELDER ABUSE PREVENTION

The mission of the Long Term Care Ombudsman and Elder Abuse Prevention Program is protecting the rights of residents of long-term care facilities by investigating, advocating, mediating, and resolving issues on behalf of residents, and educating Wyoming citizens on elder rights and the prevention of elder abuse, neglect, and exploitation.

GOAL 23: INCREASE THE NUMBER OF PERSONS THAT UTILIZE THE LONG TERM CARE OMBUDSMAN AND ELDER ABUSE PREVENTION SERVICES.





*Objective 23.1: Increase up to 2% the number of aging individuals and disabled adults in Wyoming who utilize the program.*

GOAL 24: *TO EFFECTIVELY ADDRESS ELDER RIGHTS AND ABUSE ISSUES IN THE STATE OF WYOMING.*

*Objective 24.1: Maintain an annual level of at least 98% of cases being resolved to the satisfaction of the complainant.*

#### INNOVATION GRANT

In 2012 Cheyenne Regional Hospital was the recipient of an innovation grant award from the Centers for Medicare and Medicaid Center for Innovation. They are partnering in this venture with the Wyoming Integrated Care network (WyICN) to create a statewide network of *Medical Neighborhoods to Transform Rural Care Delivery* across Wyoming. This effort is being coupled with an earlier grant from Win Health to develop Patient Centered Medical Homes (PCMH) and more recently a grant from Wyoming for \$250,000 to also support development of PCMHs.

Efforts are well underway as they conclude the second quarter of the award. *Medical neighborhoods* that integrate community services are critical in managing the health of a population of vulnerable or high-risk patients who struggle with chronic disease, advanced illness management, and access to care for a variety of reasons.

Our five tightly focused HCIA strategies recognize that:

- A well-functioning *medical neighborhood* encourages the flow of information across and between clinicians and patients, and facilitates patient-centered transition across multiple care sites. Telehealth solutions are necessary in a rural state the size of Wyoming (Physician Desk Top Solutions).
  - Establishing Telehealth Physician Desktop Solution – final infrastructure has been designed; 28 webcams and associated software have been installed in 12 communities around the state



- Patient-Centered Medical Homes (PCMHs) function as the core, playing a key role in facilitating care coordination, developing inter-professional care teams, developing individualized care plans for complex patients, and maintaining

connections with community-based services for referral and follow-up (PCMH Transformation).

- Although the original operations plan targeted 10 participating practices they will have 20 by March 31, 2013.
  - There are PCMH participation agreements in place with 17 practices.
  - Their contractor, TransforMed® will focus on internal practice management strategies, internal quality and clinic performance metrics and patient experience assessment
- Patients who require hospitalization for serious illness or injury have a particular need for continuity between sites of care (Wyoming Rural Care Transitions Program).
  - Cheyenne Regional and WMC will wrap up hiring of their allotted Care Transition Nurses (CTN).
  - A web-based data system to compile Wyoming Rural Care Transition Program data is in development
  - Screening Admission, Program Admission, Home/Telephone Visiting, Medication Clarification, Medication Reconciliation and Discharge from the Wyoming Rural Care Transition Program forms have been created and will be provided to CTNs to use with patients.
  - Participating hospitals will begin providing CTNs with access to the most current admissions, current (real time) medical records, and past admission medical records to assist them in determining eligibility for the WRCTP. The nurses will visit the patients as soon as the next morning after admission, and continue to see them during their in-patient stay. Once the patient has signed the appropriate release, the CTN will work with the Case Managers and Discharge Planners to assist with operationalizing the discharge plan for each of the eligible patients.
- Pharmacists play a key role in managing medications and patient education so we will link “virtual” pharmacists to PCMHs.
- A community approach to increasing access to prescription medications is necessary to optimize care plans for un- and under-insured populations so the Wyoming Donated Medication Program was established.

#### OTHER ACA RELATED PROGRAMS

The State of Wyoming did not qualify for the Balancing Incentives Program, as we are not spending more than 50% of total long-term care funds on facility services. The State analyzed the Money Follows The Person Program and elected not to participate, as it didn't provide significant value when weighed against starting a new program. We have, however, had good success with our Project Out program that facilitates moving people from institutional to community or home based settings.

#### CONSIDERATION OF IMPLEMENTING COST SHARING

The Wyoming Department of Health, Aging Division, Community Living Section has explored the option of implementing a "cost share" to the Title III programs. After reviewing the average annual program income that has been collected since 2011 that would have been eligible for cost share, an average of \$95,000 was collected by the providers. The Title III providers in Wyoming do an outstanding job in their respective community to serve all that are eligible which includes the local community support. We have determined that the folks that are contributing to the cost of the program as best they can and that implementing cost sharing may even reduce the program income to our providers.

#### TITLE III AND TITLE VI COORDINATION

Wyoming has two tribes that are located on the Wind River Reservation in Fremont County. Northern Arapaho and Eastern Shoshone currently receive Title VI funding as administered directly by CLS and the tribal elders. In 2012 a RFP for Title III grants was issued for the Wind River Reservation planning area. Only the Northern Arapaho business council responded to the RFP and was awarded Title III-B (Supportive services); Title C1 (Congregate); and Title C2 (Home Delivered) funding. The Title III services are being offered through the Black Coal Senior Center that is located in Arapahoe, Wyoming. Even though limited funding was applied for by the business council, the Title III-D (Preventative Services); and Title III-E (National Family Caregiver Support Programs) are offered by providers that must provide the respective services for the entire county. Fremont In-Home Services and the Wyoming Senior Services, Inc. work together in ensuring services are offered on the reservation for both tribes. The Aging Division, CLS understands the importance of working with the Native American councils and the elders of their communities. The CLS has dedicated one staff member to be the CLS liaison with both tribal councils in helping in coordinating services within the Aging Division, CLS and other Department of Health programs.

*GOAL 25: TO STRENGTHEN THE RELATIONSHIP WITH THE NATIVE AMERICAN TRIBES IN WYOMING AND BUILD THEIR CAPACITY TO SERVE THEIR ELDERS.*

*Objective 25.1: CLS staff will meet quarterly with the Northern Arapaho Council to update them on program changes or concerns with the Black Coal Senior Center.*

*Objective 25.2: CLS staff will invite Title VI providers to all formal and informal trainings sponsored by the CLS office.*

*Objective 25.3: The WyADRC will serve the Wind River Reservation through intake and referral and by having an options counselor on the reservation at least quarterly.*

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### QUALITY MANAGEMENT

As a division of the Wyoming Department of Health, the Aging Division is participating in the HealthStat Initiative. Modeled after New York City's "CompStat" program, the principle is simple. Define your mission, measure something important, and make sure your outcomes have impact and relate to your mission. Each program manager throughout the Department must prepare a program performance report that specifies the program mission, goals, efficiencies and outcomes. The program manager then must present and "defend" their program to the senior management of the Department of Health in a formal setting with questions and answers. A copy of a program performance report is included here for reference. Each program will be held accountable for its goals and outcomes.

This is a unique approach for the Department, the Aging Division and for program managers. Program managers are more aware of the program purpose, budget, constraints and opportunities. It is forcing managers to actually measure their program's performance and impact on the lives and well-being of Wyoming citizens. Given the budget constraints at the state and federal levels, this type of analysis and accountability will encourage program managers to be innovative and imaginative when developing program changes.



## Long Term Care Ombudsman &amp; Elder Abuse Prevention

## Program Core Mission

The mission of the Long Term Care Ombudsman and the Elder Abuse Prevention program is protecting the rights of residents of long-term care facilities by investigating, advocating, mediating, and resolving issues on behalf of residents and to educate Wyoming citizens on elder rights and the prevention of elder abuse, neglect, and exploitation.

Chosen Program Goals and Objectives<sup>1</sup>

<b>Goal 1.</b>	<b>Increase the number of persons that utilize LTC Ombudsman and Elder Abuse Prevention Services.</b>		
	<b>Objective A:</b>	Increase up to two percent (2%) the number of aging individuals and disabled adults in Wyoming that utilize the Long Term Care Ombudsman services and increase the number of persons attending Elder Abuse Prevention education and information training.	
	<b>Baseline:</b>	1,142 (2011) clients	<b>Target</b> 1,165 clients
	<b>Data source:</b>	Quarterly program report from contractor.	
	<b>Objective B:</b>	Increase the number of persons attending elder rights, abuse prevention and information training.	
	<b>Baseline:</b>	651	<b>Target</b> 665
<b>Goal 2.</b>	<b>To effectively identify and address elder rights and abuse issues in the State of Wyoming</b>		
	<b>Objective A:</b>	Increase the number of referrals to Adult Protective Services (Department of Family Services) by the LTC Ombudsman Program.	
	<b>Baseline:</b>	195	<b>Target</b> 198
	<b>Data source:</b>	Quarterly program report from contractor.	
	<b>Objective B:</b>	Maintain the low percent of Ombudsman cases not resolved to satisfaction of complainant per year.	
	<b>Baseline:</b>	1.5%	<b>Target</b> 2.5%
	<b>Data source:</b>	Quarterly program report from contractor.	

<sup>1</sup> Programs were asked to choose up to 3+ goals and affiliated objectives for the purposes of this report. It should be noted that this may not represent the entirety of the program's functions or work product.

### Program Performance Tracking

Goal-Objective	INPUT							
	Staffing	FTE .01	AWEC 0	Other 0				
		SFY 2011 Baseline	SFY 2012 Target	Q1	Q2	Q3	Q4	Running Total
	Expenditures:	\$279,044	\$271,227	\$67,806	\$67,806	\$67,806	\$67,806	\$271,227
	Direct Service Costs	\$279,044	271,227	\$67,806	\$67,806	\$67,806	\$67,806	\$271,227
Goal-Objective	OUTPUT							
	Performance Metric	SFY 2011 Baseline	SFY 2012 Target	Q1	Q2	Q3	Q4	Running Total
1-A	People served (Both Programs)	1,142	1,165	472	398	325	389	1,574
1-B	Persons attending Adult Protective Services educational events	652	655	180	198	176	185	659
1-A	Ombudsman new cases per year	1,124	1,200	395	321	312	292	1,320
	Number of visit to all services per quarter by Ombudsman program	123	130	157	148	158	174	137
Goal-Objective	EFFICIENCY							
	Performance Metric	SFY 2011 Baseline	SFY 2012 Target	Q1	Q2	Q3	Q4	Running Total
	Cost per person served	\$244	293	\$143	\$175	\$208	\$175	\$173/yr
	Ombudsman cost per case (\$258,000/1926)	\$238	\$220	\$158	\$195	\$200	\$214	\$190/case
	Elder Rights cost per person trained (\$10,427/659)	\$31	\$30	\$32	\$30	\$39	\$35	\$31
	Percent of license facilities visited (nursing homes, assisted living and boarding homes, hospices) visited each quarter (Note: a license facility may be visited more than once during a quarter if a complaint arises.)	99%	100%	120%	100%	100%	110%	100%
Goal-Objective	OUTCOME							
	Performance Metric	Baseline	2012 Target	2010	2011	2012	2013	Running Total
2-A	Referrals to Adult Protective Services or MH Ombudsman	195	195	-	195	191		NA
2-B	Percent of Cases Not Resolved to Satisfaction of Complainant per year	2.5%	0.0%	-	2.5%	1.6%		NA
	Percent Cases resolved satisfactorily or referred to other agencies per year	97.5%	97.0%	-	97.5%	98.4%		NA

#### Story Behind the Performance

1. It is expected that the Title VII federal allocation will drop by 7.1% for FFY14, so the Ombudsman and the Elder Abuse Prevention will have fewer funds to provide services. More efficiency will be expected with less federal funds.
2. Four full-time Ombudsmen provide these services statewide. Each Ombudsman handles 300 or more cases a year.
3. More elder rights training has been accomplished during the last fiscal year. Additional emphasis has been placed on financial exploitation and the growing phenomena of adult children moving back to live with their elderly parents or grandparents and taking advantage of the elderly person. More cases of this type are being referred to Adult Protective Services.



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## SECTION C: INTRASTATE FUNDING FORMULA

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The State of Wyoming is a single state planning unit and no intrastate funding formula is applicable.

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## SECTION D: ATTACHMENTS

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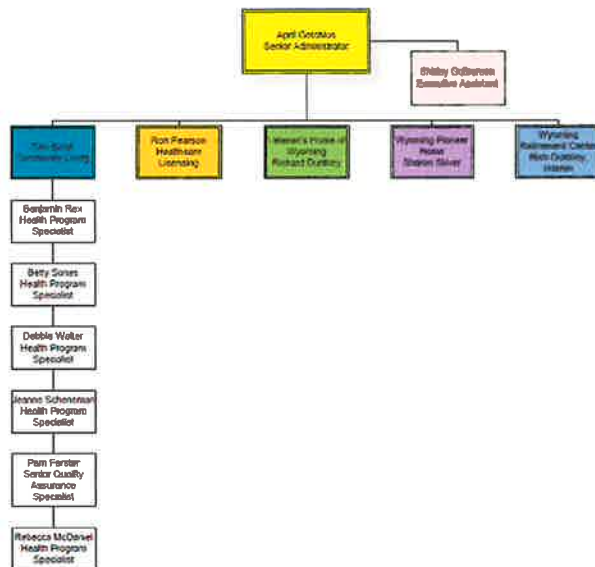
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## ATTACHMENT A: ORGANIZATIONAL CHART

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### AGING DIVISION

Updated January 17, 2013



## ATTACHMENT B: CLIENT SURVEY INSTRUMENT

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## ATTACHMENT C: PROVIDER SURVEY INSTRUMENT

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## ATTACHMENT D: STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

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### Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

#### ASSURANCES

##### Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.



(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

**States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.**

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals,

older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--10

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by

community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring

compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;12

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

#### Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the

amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division

(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and 14

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by 15 the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated



with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

#### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

#### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the

enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

## REQUIRED ACTIVITIES

### Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: —Periodic (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Date

## ATTACHMENT E: INFORMATION REQUIREMENTS

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*States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.*

### Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

**Response:** Wyoming is a frontier state with significant challenges in providing services. Our senior centers and other providers market to low-income clients and use screening tools to assess their income levels and care needs. Wyoming is a predominantly White state with American Indian and Hispanic populations. We conduct outreach to the Tribal Nations through our training, ADRC, and consultation.

U.S. Census Bureau Statistics, State of Wyoming 2011	
White Persons, percent	93.5%
American Indian and Alaska Native persons, percent	2.6%
Black persons, percent	1.1%
Asian persons, percent	.9%
Native Hawaiian and Other Pacific Islander persons, percent	.1%
Persons reporting two or more races, percent	1.8%
Persons of Hispanic or Latino Origin, percent	9.1%
White persons not Hispanic, percent	85.5%

### Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

**Response:** The Aging Division is working with the Public Health Division, Public Health Emergency Preparedness (PHEP) Unit in several ways. Aging is meeting regularly with PHEP staff to develop a plan and a role for the Aging Division in the case of emergencies. We have conducted table-top exercises to assess our strengths and weaknesses in the case of an emergency and for amendment to the Agency's emergency preparedness plan. Emergency Preparedness also has travel and training monies to send individuals to a conference in May 2013 entitled "Long Term and Residential Care Disaster Preparedness: Protecting Our Most Vulnerable." The University of Nebraska Medical Center sponsors the conference and attendees from Wyoming will include long term care facility administrators, senior center association leadership, University of Wyoming WyGec faculty, program managers and health care licensing staff.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service[AG1].

Section (307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

- (i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

**Response:** The state of Wyoming utilizes funding formulas to allocate Title III-B (Supportive), Title III-C (Nutrition C1 and C2), Title III-D (Preventive Health) and Title III-E (National Family Caregiver) funding and other Aging state-funded services. Wyoming is designated as a single planning and service area. As a result, the formulas for Title III programs are designed to help ensure equitable distribution on a county by county basis.

Aging services funded through the Community Living Section are contracted with a network of Senior Centers, Community Based In-Home Services (CBIHS) programs, and private non-profit organizations. Grantees are required, as part of their application process, to identify how they will target services to low-income rural minorities, disabled older adults, and those isolated by reason of geography while meeting the needs of a larger eligible population.

The following are funding formulas and factors for the Title III-B, Title III-C1 and C2 Nutrition programs, Title III-D (Preventive Health), Title III-E (National Family Caregiver) programs and the state-funded CBIHS program.

*Formulas:*

**Title III-B Supportive Services are based on the following:**

- Social, economic, and client factors – Census bureau measures identifying possible differences between centers based upon specific social economic and client-based factors that might impact how funding is distributed within service area covered. These social, economic and client factors are in compliance with those defined in the Older Americans Act

- Base amount is 25% of total federal funds distributed statewide equally to Title III-B Supportive Service areas.
- Hold Harmless distribution

**Title III-C1 and C2 Nutrition Services are based on the following:**

- Client must be 60 years of age or older, with particular attention to serving economically and socially vulnerable older adults and rural residents
- Federal funding to the contractor is based upon meals served in the prior year
- State funding is a percentage of the federal funding (the percentage changes each year)

**III-D Preventive Health**

- Client must be 60 years of age or older
- Funding distributed on a county basis
- \$2,000 baseline for each county

**Community Based In-Home Services Program and Title III National Family Caregiver program**

- The CBIHS formula is based on five characteristics or "factors" that have been identified as being an important component of the program
- The Title III-E National Family Caregiver program utilizes the same county concept formula as the Community Based In-Home Services Program with focus as the clientele being family caregivers of older adults and grandparents who are 60 years of age and older, and relative caregivers of children not more than 18 years of age. The Five Components for this program include:
  - Information Services
  - Assistance Services to Caregivers (Care or Case Management)
  - Caregiver counseling, training and peer support
  - Respite Services
  - Supplement Services



**Insert table here**

DRAFT

**Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

**Response:**

**Section 307(a)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

**Response:**

<b>Population Age 65 and Older by Race/Hispanic/and Latino Origin</b>	<b>Below &lt;50 Percent of the poverty Level</b>	<b>Below &lt;100 Percent of the poverty Level</b>	<b>Below &lt;125 Percent of the poverty Level</b>
<b>TOTAL: 67,758 +/-427 error</b>	2.1%	6.3%	11.8%
White:	3.9%	10.0%	13.3%
Black or African American:	9.1%	25.6%	39.0%
American Indian and Alaska Native:	11.3%	23.8%	36.1%
Asian:	7.5%	12.7%	16.6%
Native Hawaiian/Pacific Islander:	11.9%	20.8%	20.8%
Hispanic or Latino:	6.7%	18.4%	25.4%
Some Other Race:	2.8%	13.0%	23.0%
Two or More races	10.4%	21.7%	27.4%

Source: 2009-2011 American Community Survey 3-Year Estimates

The 2011 American Community Survey has 93.6% (63,421) Wyomingites speaking English while 6.4% (4,337) Wyomingites speaking limited English; and only 1.74% (1,152) of Wyomingites speaking little to no English.

(A) Describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

- The current funding factors include the number of minorities that are in a county service area.
- The Wyoming Department of Health, Aging Division, Community Living section works with the Wyoming Office of Multicultural Health in partnering to exchange information, expertise, and assistance in improving the health status of the Wyoming's minority populations, health issues, cultural and linguistic barriers.
- The Title VI are included in formal and informal mailings and invited to participate in all Community Living Section sponsored trainings.
- Community Living Section continues to work collaboratively with the Wyoming Tribal Council on issues affecting elders.
- Community Living Section has dedicated .25 FTE to a liaison with the Northern Arapaho and Shoshoni Indian tribes.
- Maintains a relationship with the University of Wyoming Geriatric Education Center.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (title III), if applicable, and specify the ways in which the State agency intends to implement the activities.

**Response:** See Section – of the Plan discussing Title III and Title VI coordination.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

**Response:** See response to Section 306(a)(17) above.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

**Response:** See response to Section 306(a)(17) above.

**Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
    - (i) public education to identify and prevent elder abuse;
    - (ii) receipt of reports of elder abuse;
    - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
    - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

